

For Immediate Release

First Measures to Uniformly Evaluate EMS-Based Mobile Integrated Healthcare Programs Released

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Fort Worth, TX – October 31, 2016 - For the past two years, 28 stakeholder organizations and 65 program agencies have participated in the development of measures designed to help EMS agencies create and evaluate community paramedic and nurse triage programs. Countless task force and workgroup meetings, national webinars, discussions at national meetings and national EMS conferences, and over 50 formal recommendations for enhancements were received during the project term. The project development team is today releasing to the internal and external EMS stakeholders the final outcome measures document and a toolkit for EMS stakeholders. These tools create the first set of standardized measures to evaluate, benchmark and publicly report the outcomes of EMS-Based Mobile Integrated Healthcare (MIH) programs.

“A high level official at CMS recommended that the EMS industry measure and report outcomes consistently across programs in order to demonstrate the safety and efficacy of EMS-Based MIH programs” explained Dan Swayze, Vice President, Center for Emergency Medicine of Western Pennsylvania, Inc., and a member of the measures core team. “After two years of incredible work by countless experts, we feel confident that the measures in our document provide a good foundation on which to build the evidence base for MIH programs.”

Brenda Staffan, also a core team member and the Director of New Ventures for the Regional Emergency Medical Services Authority in Reno, Nevada explains, “We focused on the measure domains that payers and other stakeholders most often request: Program Integrity, Patient Safety and Quality, Experience of Care, Utilization and Cost of Care, and Balancing. The measures for the Community Paramedic and 9-1-1 Nurse Triage interventions were developed first because these were the most common interventions being implemented in most MIH programs.”

“Our goal in releasing these standardized measures is for agencies, payers, accreditation organizations and other stakeholders to evaluate program results more consistently. This will help demonstrate not only the value of these programs, but also allow agencies to find opportunities for improvement by comparing their results to other programs across the country”, said Matt Zavadsky, core team member and Chief Strategic Integration Officer for MedStar Mobile Healthcare in Fort Worth, Texas. “We also want to give special thanks to Anne Jensen, Program Manager for the San Diego RAP Team, for developing an accompanying worksheet that programs can use to enter and calculate the impact of their program and that we can use to establish industry benchmarks.”

Commenting on the process of the measures development, Gary Wingrove, Government Relations Specialist for Mayo Clinic Medical Transport in Rochester, Minnesota, and President of the Paramedic Foundation states "This is one of the most collaborative processes I've had the pleasure of being a part of. We've had participation from almost every national EMS association, multiple provider agencies, institutes of higher learning, and healthcare quality organizations such as the National Committee on Quality Assurance, (NCQA), the Institute for Healthcare Improvement (IHI), the Agency for Healthcare Research and Quality (AHRQ) and CMS Quality Innovation Networks. It has been an incredible team effort that will continue as we develop additional outcome measures for interventions such as Ambulance Transport Alternatives and process measures for Community Paramedic and 9-1-1 Nurse Triage programs."

Speaking on behalf of the project leadership team, Brian LaCroix, President of Allina Health EMS, in St. Paul, Minnesota thanked all the experts who have been, and continue to be, part of this important project for EMS agencies. "The amount of time invested not only by the core team but so many participants in the process has been incredible. Agencies from every corner of the country and external stakeholders such as Kaiser Permanente, the National Rural Health Association, and even EMS program support partners such as Zoll, Intermedix, ESO Solutions and ImageTrend have been involved in this process."

The Program Structure, Community Paramedic and 9-1-1 Nurse Triage outcome measure documents, the workbook tool for data entry and the complete listing of the agencies and people involved in the measures project are included with this release. They are also available on the National Association of Emergency Medical Technician's MIH-CP Program Toolkit at <http://www.naemt.org/MIH-CP/mih-cp-toolkit>.

Commenting on the next steps in this process, Zavadsky explains, "As we continue to develop additional outcome and process measures, we will also be working with selected associations, national measures organizations, or accrediting bodies, to determine the best options for hosting the measures and/or the data collected through this process, as well as the process for updating the measures as programs continue to evolve."

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